



APPLICATION FOR IMMEDIATE RETIREMENT
FEDERAL EMPLOYEES RETIREMENT SYSTEM

See Privacy Act Information
on Instruction Sheet

Section A -- Identifying Information

1. Name (Last, first, middle)		2. List All Other Names You Have Used	
3. Address (Number, street, city, state, ZIP code)	4. Telephone Number (Including area code)	5. Date of Birth (Month, day, year)	6. Social Security Number
7. Are you a citizen of the United States of America?	<input type="checkbox"/> Yes <input type="checkbox"/> No -- If "No" give	7a. Of what country are you a citizen?	
5. Is this application for disability retirement?	<input type="checkbox"/> Yes (Ask your employing office about other documents you must submit) <input type="checkbox"/> No		

Section B -- Federal Service

1. Department or Agency From Which You Are Retiring (Include bureau or division, address and ZIP code)	2. Date of Final Separation (Month, day, year)
	3. Title of Position From Which You Are Retiring
4. Have you performed active honorable service in the Armed Services or other uniformed services of the United States? (See instructions for definition)	<input type="checkbox"/> Yes (Complete Schedule A and attach to this form) <input type="checkbox"/> No
5. Are you receiving or have you applied for military retired pay? (Note: If you later become entitled to military retired pay you must notify OPM.)	<input type="checkbox"/> Yes (Complete Schedule B and attach to this form) <input type="checkbox"/> No

Section C -- Marital Information

1. Are you married now? (A marriage exists until ended by death, divorce, or annulment)		<input type="checkbox"/> Yes (Also complete items 1a-f below) <input type="checkbox"/> No	
1a. Spouse's Name (Last, first, middle)	1b. Spouse's Date of Birth (Month, day, year)	1c. Spouse's Social Security Number	
1d. Place of Marriage (City, state)	1e. Date of Marriage (Month, day, year)	1f. Marriage performed by: <input type="checkbox"/> Clergyman or Justice of the Peace <input type="checkbox"/> Other (Explain: _____)	
2. Do you have a living former spouse(s) to whom a court order gives a survivor annuity?		<input type="checkbox"/> No	
<input type="checkbox"/> Yes Attach a copy of the court order(s) and any amendments			

Section D -- Annuity Election

Make your election by initialing the box beside the type of annuity you want to receive and give any other information requested. Read the information pages of the instructions and the explanations below and consider your election carefully. No change will be permitted after your annuity is granted except as explained in the

are married at retirement, the law provides an annuity with full survivor benefits for your spouse unless your spouse consents to your election not to provide maximum survivor benefits. You must attach Standard Form 3107-2 to this form if your spouse consents to your election.

1. I CHOOSE A REDUCED ANNUITY WITH MAXIMUM SURVIVOR ANNUITY FOR MY SPOUSE.			
<div>INITIALS</div>	If you are married at retirement, you will automatically receive this type of annuity unless your spouse consents to your election not to provide maximum survivor benefits. If you receive this annuity, your annuity will be reduced by 10%. Your spouse's annuity upon your death will be 50% of your annuity.		
2. I CHOOSE A REDUCED ANNUITY WITH A PARTIAL SURVIVOR ANNUITY FOR MY SPOUSE. (Attach SF 3107-2 showing your spouse's consent.)			
<div>INITIALS</div>	If you choose this option, your annuity will be reduced by 5%. Upon your death, your spouse's annuity will be 25% of your unreduced annuity. You MUST have your spouse's consent to choose this option.		
3. I CHOOSE AN ANNUITY PAYABLE ONLY DURING MY LIFETIME. (If you are married and elect this, attach Standard Form 3107-2 showing your spouse's consent.)			
<div>INITIALS</div>	If you are married at retirement, you CANNOT choose this type of annuity without your spouse's consent. No survivor annuity will be paid to your spouse after your death if he or she consents to this election.		
4. I CHOOSE A REDUCED ANNUITY WITH SURVIVOR ANNUITY FOR THE PERSON NAMED BELOW WHO HAS AN INSURABLE INTEREST IN ME.			
<div>INITIALS</div>	You must be healthy and willing to provide medical evidence if you choose this type of annuity. (Disability annuitants are not eligible to choose this type of annuity.)		
Name of Person With Insurable Interest	Relationship to You	Date of Birth	Social Security Number

5. I CHOOSE A REDUCED ANNUITY WITH SURVIVOR ANNUITY FOR MY FORMER SPOUSE(S) AS FOLLOWS: <div style="display: flex; align-items: flex-start;"> <div style="border: 1px solid black; padding: 2px; margin-right: 10px; text-align: center;">INITIALS</div> <div> You must attach: 1. Copies of divorce decrees for all former spouses for whom you elect to provide a survivor annuity. 2. If you are married, attach a completed SF 3107-2, <i>Spouse's Consent to Survivor Election</i>. You cannot choose this option and provide a maximum survivor annuity for your spouse (Box 1). </div> </div>			
Name and Address of Former Spouse	Date of Marriage	Date of Divorce	Survivor annuity equal to _____ % of my annuity
	Date of Birth	Social Security Number	
Name and Address of Former Spouse	Date of Marriage	Date of Divorce	Survivor annuity equal to _____ % of my annuity
	Date of Birth	Social Security Number	
Total (either 25% or 50% of your unreduced annuity)			

Section E -- Insurance Information

See the information on page 4 of this package about the requirements for continuing Federal Employees Health Benefits and Federal Employees Group Life Insurance coverage as a retiree.

1. Are you eligible to continue Federal Employees Health Benefits coverage as a retiree?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Are you eligible to continue Federal Employees' Group Life Insurance coverage as a retiree?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Section F -- Other Claim Information

1. Are you receiving, or have you applied for or ever received, workers' compensation from the Department of Labor because of a job-related illness or injury?	<input type="checkbox"/> Yes (<i>Complete Schedule C and attach to this form</i>) <input type="checkbox"/> No
2. Have you previously filed any application under the Civil Service Retirement System or the Federal Employees Retirement System (<i>for retirement, refund, deposit or redeposit, or voluntary contributions</i>)?	<input type="checkbox"/> Yes (<i>Complete items 2a and 2b below</i>) <input type="checkbox"/> No
2a. Type of Application <input type="checkbox"/> Retirement <input type="checkbox"/> Refund	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Return of excess deductions <input type="checkbox"/> Deposit or redeposit <input type="checkbox"/> Voluntary contributions </div> <div style="width: 50%;">2b. Claim Numbers</div> </div>

Section G (Optional) -- Information About Your Unmarried Dependent Children

1. Dependent Child's Name <i>(First, middle, last)</i>	2. Date of Birth <i>(Month, day, year)</i>	3. Disabled <i>(✓)</i>	1. Dependent Child's Name <i>(First, middle, last)</i>	2. Date of Birth <i>(Month, day, year)</i>	3. Disabled <i>(✓)</i>

Section H -- Applicant's Certification

WARNING Any intentional false statement in this application or willful misrepresentation relative thereto is a violation of the law punishable by a fine of not more than \$10,000 or imprisonment of not more than 5 years, or both. (18 U.S.C. 1001)	I hereby certify that all statements made in this application are true to the best of my knowledge and belief.	
	Signature (<i>Do not print</i>)	Date

Applicant's Checklist

This checklist is provided to help you be certain you have attached all the necessary documents and to help your employing office be certain it forwards all of your retirement documentation to the Office of Personnel Management.

	Yes	No	Not Applicable
1. If you answered "yes" to Section B, item 4, did you attach Schedule A? _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. If you completed Schedule A, did you attach a copy of your discharge certificate or other certificate of active military service? _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. If you answered "yes" to Section B, item 5, did you attach Schedule B? _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. If you completed Schedule B and answered "yes" to item d, did you attach a copy of your request for waiver and a copy of the military discharge certificate? _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. If you are married and did not initial box 1 of Section D, did you attach SF 3107-2, <i>Spouse's Consent to Survivor Election</i> ? _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. If you answered "yes" to Section E, item 2, did you attach SF 2818, <i>Election of Post-Retirement Basic Life Insurance Coverage</i> ? _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. If you answered "yes" to Section F, item 1, did you attached Schedule C? _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Schedules A, B and C

1. Name (Last, first, middle)	2. Date of Birth (Month, day, year)	3. Social Security Number
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Schedule A -- Military Service Information

1. If you have performed active honorable service in the Armed Services, or other uniformed services shown below, complete 1a-d below and attach a copy of discharge certification or other certificate of active military service (if available). See instructions for definitions of Armed Services and Uniformed Services.				
a. Branch or Service	b. Serial Number	c. Dates of Active Duty		d. Last Grade or Rank
		From (Mo., day, yr.)	To (Mo., day, yr.)	
2. If any of your military service occurred on or after January 1, 1957, have you paid a deposit to your agency for this service? (You must pay this deposit to your agency. You cannot pay OPM after your retire.) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable				

Schedule B -- Military Retired Pay

1. If you are receiving or have applied for military retired or retainer pay (including disability or retired pay), complete Parts 1a-d below.	
a. Are you receiving or have ever applied for military retired or retainer pay? <input type="checkbox"/> Yes <input type="checkbox"/> No	c. Was your military retired pay or retainer pay awarded for a disability incurred in combat or caused by an instrumentality of war? <input type="checkbox"/> Yes (If available, attach a copy of notice of award) <input type="checkbox"/> No
b. Was your military retired or retainer pay awarded for reserve service under Chapter 67, title 10? <input type="checkbox"/> Yes (If available, attach a copy of notice of award) <input type="checkbox"/> No	d. Are you waiving your military retired or retainer pay in order to receive credit for military service for FERS retirement benefits? <input type="checkbox"/> Yes (If available, attach a copy of your request for waiver and a copy of military finance officer's acknowledgement or approval of your request for waiver.) <input type="checkbox"/> No

Schedule C -- Federal Employees Compensation Information

1. Are you receiving or have you ever received workers' compensation from the Office of Workers' Compensation Program (OWCP), Department of Labor, because of a job-related illness or injury?		<input type="checkbox"/> Yes (Complete parts 1a-c below) <input type="checkbox"/> No (Go to question 2)	
a. Compensation Claim Number	b. Benefit Received		c. Type of Benefit
	From (Mo., day, yr.)	To (Mo., day, yr.)	
			<input type="checkbox"/> Scheduled award Total or partial disability compensation
			<input type="checkbox"/> Scheduled award Total or partial disability compensation
2. If you have applied for workers' compensation (other than as listed in item 1a above) but are NOT receiving benefits, check reason below and give the information requested.			
<input type="checkbox"/> a. Awaiting OWCP decision		<input type="checkbox"/> b. Claim denied	
Compensation Claim Number	Compensation Claim Number	Date Claim Denied	
3. Except for scheduled compensation awards, workers' compensation and FERS retirement benefits CANNOT be paid for the same of time. Please complete the information below regarding your claim.			
a. Do you agree to notify us promptly if the status of your workers' compensation claim changes?			<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Do you authorize the Office of Personnel Management and / or the Office of Workers Compensation Programs (OWCP) to collect any over-payment if we later find that you ineligible for both compensation and annuity payments covering the same period of time?			<input type="checkbox"/> Yes <input type="checkbox"/> No

Applicant's Certification

I certify that all statements made on these schedules are true to the best of my knowledge and belief.	Signature (Do not print)	Date
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